

# SALARY CERTIFICATE – Applicant A

## EMPLOYMENT DETAILS – to be completed by Employer

Name of Employee: \_\_\_\_\_

Length of service with the company:    Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent? Yes  No     Is employee on probation period?    Yes  No

## SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL

Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel Number: \_\_\_\_\_ Date: \_\_\_\_\_



Please authenticate with company stamp or seal

## OTHER INCOME DETAILS – to be completed by Applicant

\*Please see the Income Assessment Policy Document for further information on Other Assessable Income

Other Income\*, if applicable: \_\_\_\_\_ p.a

Please provide details: \_\_\_\_\_

\_\_\_\_\_

I declare that the information provided on this form is true and accurate.

Signed: \_\_\_\_\_

## SALARY CERTIFICATE – Applicant B

### EMPLOYMENT DETAILS – to be completed by Employer

Name of Employee: \_\_\_\_\_

Length of service with the company:    Years \_\_\_\_\_ Months \_\_\_\_\_

Position held within the company: \_\_\_\_\_

The exact location of employment: \_\_\_\_\_

Is employment permanent?    Yes     No     Is employee on probation period?    Yes     No

### SALARY DETAILS

	Guaranteed	Regular	Irregular
Gross basic wage/salary: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonus: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commission: _____ p.a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### THIS SECTION IS TO BE COMPLETED BY AN AUTHORISED COMPANY OFFICIAL


Signed by: \_\_\_\_\_

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_    Date: \_\_\_\_\_



Please authenticate with company stamp or seal

### OTHER INCOME DETAILS – to be completed by Applicant

\*Please see the Income Assessment Policy Document for further information on Other Assessable Income

Other Income, if applicable: \_\_\_\_\_ p.a

Please provide details: \_\_\_\_\_

I declare that the information provided on this form is true and accurate.

Signed: \_\_\_\_\_